The nutrition situation for children in South Sudan remains dire, with over 248,000 children estimated to be suffering from severe acute malnutrition (SAM). This number rose from 108,000 pre-crisis to 248,000 in 2015 due to deteriorating food insecurity, displacement and the destruction of health, water and sanitation facilities along with underlying issues of suboptimal infant and young child feeding practices (IYCF).

The current nutrition situation remains above the emergency threshold (global acute malnutrition - GAM above 15 per cent), with about 80 per cent of counties in the conflict-affected (Jonglei, Unity and Upper Nile) and high burden (Northern Bahr el Ghazal and Warrap) states classified at critical levels. Data from Bentiu Protection of Civilian (PoC) site shows GAM prevalence above the Catastrophe threshold of 30 per cent.

In Unity State, 30,000 people are experiencing Catastrophe levels of food insecurity, which is likely to deteriorate into famine in the absence of immediate humanitarian access. Fighting in the past months has interrupted or closed at least half of the nutrition services that many of these children need to survive. Over 750,000 people remain cut off from humanitarian assistance in affected areas.

Fifty-three per cent of the population – 6.2 million out of 11.7 million people – are expected to face food insecurity in October-December 2015. Of these 6.2 million, 2.4 million people will experience severe food insecurity. The majority of these people are located in the conflict-affected states of the Greater Upper Nile.

Families across the country are affected: the economic downturn has resulted in record high food prices (up to 150 per cent higher than average) which has significantly affected their purchasing power.

For the first time in the IPC history of South Sudan, a large deterioration can be seen in the Greater Equatoria region due to a combination of factors: market disruption, economic downturn, insecurity and localized crop failures.
UNICEF & PARTNER RESULTS 2015

From January to September 2015, a total of 103,511 children have been admitted to outpatient therapeutic programme (OTP) services for the treatment of SAM. This represents 69 per cent of the annual target (148,958). Admissions to treatment programmes continue to be hindered by insecurity in Unity and Upper Nile. UNICEF and partners are working to reach children in these areas through Rapid Response Mechanism (RRM) missions or re-establishing static services wherever possible. In Unity State, IRC and MEDAIR are operating in Panyijar while Care is operating in Mayom, Abiemnhom, Pariang and Bentiu Town. It is expected that security in many of the currently non-accessible locations will remain fluid and population movements will continue. Of the children treated, 88.3 per cent have been discharged from OTPs and stabilization centres as cured against the recommended SPHERE standard of 75 per cent. The death rate for children admitted to therapeutic feeding programmes remains below the international standard of three per cent.

In July 2014, UNICEF and WFP finalized a Nutrition Scale Up Plan to respond to alarming rates of malnutrition. Under this Scale Up plan, the organizations have mapped the availability of nutrition treatment and address gaps in nutrition services by signing additional partnerships for hard to reach and high burden counties. The second year of the Nutrition Scale Up Strategy focuses on improved quality of programming, monitoring and capacity of partners, especially local NGOs, along with an added focus on the high burden states of Northern Bahr el Ghazal and Warrap which implies more emphasis on IYCF and integration with WASH and Health.

During this reporting period, in Bentiu PoC, 13,047 children were screened for malnutrition with proxy global acute malnutrition (GAM) and SAM levels of 13.8 per cent and 4.5 per cent respectively. The proxy GAM and SAM rates for the new arrivals were 28.5 per cent and 5.7 per cent respectively. Additionally, 1,830 pregnant and lactating women in Bentiu PoC were screened, of whom 5.4 per cent were identified with acute malnutrition, with a sharp decline from the last reporting period. UNICEF and partners continue to scale up access to, and quality of, nutrition services in the PoC.
UNICEF & PARTNER RESULTS, continued.

In Malakal, during the reporting period, 16,575 children were screened. The children screened were mostly from the rest of accessible counties in Upper Nile and the PoC, with the exception of Maban, where refugees are present. The proxy GAM rate was 12.4 per cent and the proxy SAM rate was 3.4 per cent. In Jonglei, 7,710 children were screened in 7 counties. Three counties had proxy GAM rates above the emergency threshold of 15 per cent. The highest proxy GAM rate was recorded in Twic East (38.8 per cent) followed by Ayod (30.3 per cent) and Pibor (18.7 per cent).

Since January 2015, a total of 38 Nutrition SAMRT surveys have been completed and validated. The highest prevalence of acute malnutrition was reported in Bentiu PoC (GAM of 34.1 per cent) followed by Mayom (GAM of 30 per cent), Gogrial West (GAM of 29.1 per cent), and Abiemnhom (GAM of 26.5 per cent).

CHALLENGES

Even before the current conflict broke out, South Sudan – the world’s youngest country – had high malnutrition rates and extremely poor infrastructure. Acute malnutrition levels were unacceptably high - 2013 surveys showed very high levels (at or above 20 per cent) of acute malnutrition in several counties and states in South Sudan. Before the conflict, only 45 per cent of babies under six months were breastfed exclusively.

There is a shortage of implementing partners in areas of conflict and other high-burden areas. NGOs provide up to 80 per cent of basic services in South Sudan. When the conflict broke out, many of these actors fled and have yet to re-establish services in conflict-affected areas. Before the crisis, there were 336 locations with outpatient treatment centres country wide. Almost half of these centres closed due to the conflict, with a low of 183 centres open across the country in early 2014. UNICEF and partners are continuing to open new nutrition centres in high-burden and conflict-affected areas, with this number increased to 490 reporting sites to date.

Lack of access to adequate water and sanitation facilities have increased the spread of waterborne diseases among the displaced population and their host communities. Diarrhoea reduces the absorption of nutrients making children even more vulnerable to malnutrition. In displaced communities, IYCF, including exclusive breastfeeding, are also worsening.

PRIORITIES IN 2015

UNICEF has committed alongside partners to a broad nutrition response, including nutrition screening and surveys, implementation of integrated management of acute malnutrition (IMAM), IYCF programming and micronutrient interventions. UNICEF’s technical excellence in nutrition and leadership in driving operations in emergencies (advocacy, nutrition information management, cluster coordination, support to service delivery in critical areas such as treatment of SAM, micronutrients supplementation and IYCF practices, emergency stocks of nutrition supplies and equipment) will allow UNICEF to effectively lead the response to the on-going nutrition crisis in 2015 through:

- Scaling up community-based management of SAM
- Promotion of IYCF practices
- RRM used to screen and treat children with SAM
- Micronutrient supplementation
- Linkages to services for Moderate Acute Malnutrition
- Scaling-up integrated programmes to address and prevent underlying causes of malnutrition
- Use of state MoH social mobilizers to screen and refer children in high-burden, non-conflict states
- Strengthening the nutrition information system and cluster coordination